

United States District Court  
Akron Region

FILED

00 FEB 16 PM 4: 50

KAREN R. HASKINS  
635 Noah Avenue  
Akron, Ohio 44320

Plaintiff,

v.

SUMMA HEALTH SYSTEM  
525 Market Street  
Akron, Ohio 44305

Defendant.

CASE NO. 5:00CV 0464  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
AKRON

JUDGE

JUDGE GWIN

MAG. JUDGE GALLAS

Now comes the Plaintiff, Karen R. Haskins, to file her claim of race discrimination in violation of Title VII of the Civil Rights Act of 1964 and the Ohio Civil Rights Act, Chapter 4112 of the Ohio Revised Code.

1. I am an employee of Summa Health System ("Summa"). I have worked for Summa since October 6, 1983.

2. On February 11, 1999, I was notified that my position as Financial Counselor was going to be eliminated. I was one of five African-American women whose positions were eliminated. No white women were terminated or transferred even though many had much less seniority.

3. I was given the chose of accepting a lay-off with severance or accepting a transfer to another department. I was given one day to make my decision. I accepted the transfer and was required to work three twelve-hour shifts instead of my regular eight-hour shift five days a week. I subsequently lost all my benefits.

4. I was discriminated against by Summa based on my race in violation of Title VII of the Civil Rights Act of 1964 and Ohio Revised Code Chapter 4112.

5. I filed a charge with the Ohio Civil Rights Commission, Akron

ORIGINAL AND 1 COPY OF COURT REPORT  
AND MAG. JUDGE GWIN'S REPORT  
COUNSELLOR PLAINIFF ON 2/17/2000

AL 103,158d

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

**AGENCY**☒ FEPA  
☐ EEOC**CHARGE NUMBER****OHIO CIVIL RIGHTS COMMISSION AND EEOC**

NAME (INDICATE MR., MS, MRS.)

Karen R. Haskins

HOME PHONE NUMBER (include area code)

330/ 867-5415

STREET ADDRESS

CITY, STATE, ZIP CODE, AND COUNTY

DATE OF BIRTH

814 Storer Ave.

Akron, Ohio 44320

9-12-64

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW.)

NAME

NUMBER OF

TELEPHONE (include area code)

Akron City Hospital (Summa)

EMPLOYEES 15+

330/ 375-3000

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

525 E. Market St.

Akron, Ohio 44304

Summit

NAME

TELEPHONE (include area code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

**CAUSE OF DISCRIMINATION BASED ON (CHECK APPROPRIATE BOX(ES))**DATE DISCRIMINATION TOOK PLACE  
EARLIEST(ADEA/EPA) LATEST(ALL)☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☐ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (SPECIFY)

2-11-99

☐ CONTINUING ACTION

THE PARTICULARS ARE (IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEET(S))

- I. I am African-American. On February 11, 1999 I was forced to transfer from my position of Financial Counselor in order to retain my employment. This transfer entailed me working in a less desirable, lower paying position.
- II. Diane Kramenak, Director of Financial Services, and Rebecca DiRocco, Manager, informed me in person that I would be either transferring or signing a severance package because my position was eliminated.
- III. I believe I have been unlawfully discriminated against based on my race for the following reasons:
- I have been employed since October 6, 1983 and have established a good work record.
  - I am aware that less qualified, less senior Caucasian employees retained their position of Financial Consultants.
  - The company used a points system to determine who would be eliminated. This system was arbitrary, subjective and had an adverse affect upon African-Americans who were in the department.
  - As such, I feel my race was a factor in my being forced to transfer and all other reasons stated are pretextual.

bas

☒ I ALSO WANT THIS CHARGE FILED WITH THE EEOC. I WILL ADVISE THE AGENCIES IF I CHANGE MY ADDRESS OR TELEPHONE NUMBER AND I WILL COOPERATE FULLY WITH THEM IN THE PROCESSING OF MY CHARGE IN ACCORDANCE WITH THEIR PROCEDURE.


NOTARY (When necessary for State and Local Requirements)

I SWEAR OR AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE

SIGNATURE OF COMPLAINANT

  
 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
 (DAY, MONTH, YEAR)

CHARGING PARTY SIGNATURE

  
 OCR Representative